

(Revised: September 6, 2006)

## **RECERTIFICATION**

**(This form is only to be used during Recertification)**

### **APPLICANT INFORMATION – PLEASE PRINT/TYPE**

LAST 4 DIGITS OF SSN: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

### **CIRCLE LINE/STAFF OFFICE:**

**NESDIS NWS NOS NMFS OAR NFA UNSEC GC NMAO PPI  
OED CIO**

**WARNING:** This certification concerns a matter within the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal. I certify that I am employed by the above mentioned Federal Agency and am not named on a federally subsidized workplace parking permit with this or any other Federal agency, or that I will relinquish my permit before or upon receiving the fare benefit. I certify that I am eligible for public transportation benefits. I will use it for my daily commute to and from work, and will not transfer it to anyone else. I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.

I certify that my usual (or estimated) monthly commuting costs (excluding parking) are:  
\$\_\_\_\_\_.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**ACCOUNTING:** \_\_\_\_\_

**APPROVING OFFICIAL SIGNATURE (POINT OF CONTACT):**

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(Print)

(Sign)